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ALCOHOL-RELATED MORBIDITY AND MORTALITY IN NORTH CAROLINA

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INTRODUCTION

Social and economic development and the advent of scientific medicine in the twentieth century have resulted in great progress in the conquest of infectious diseases. Reflecting increased affluence, alterations in life style, and other developmental changes, the addictive use of tobacco, alcohol, and other substances has made drug abuse the leading cause of death in the United States. "This striking fact, however, has been obscured in the nation's vital records and statistics by the general practice of certifying and coding addictive disease deaths according to their numerous anatomic and disease manifestations, while failing to note the addictive practices underlying such precocious deaths" (1). Ravenholt estimates that nearly one-third of all deaths in the United States in 1980 were attributable to the abuse of addictive substances: about 25 percent from tobacco, 5 percent from alcohol, and 2 percent from other substances (1). Another source estimates that as much as 10 percent of all deaths in the United States are alcohol-related (2).

At present it is not possible to accurately quantify the impact on mortality of the smoking of tobacco. Diagnoses indicating tobacco dependence as a contributing cause of death are extremely under-reported on death certificates, with only three percent of 1985 North Carolina lung cancer deaths and less than one percent of total deaths having the ICD-9 diagnosis code 305.1 recorded. Should information from a revised death certificate with a smoking check-box or from some other source become available, this relationship would certainly warrant further investigation. We are fortunate, however, to have several sources of data that can be used to document the health effects of alcohol use. Primary among these is the Medical Examiner data system, which contains information for approximately 15 percent of all deaths in North Carolina each year, including all accidental and violent deaths. Results from blood alcohol tests are included for around 80 percent of these deaths investigated by the Medical Examiner. Thus a major section of this report will look at alcohol-related mortality using this data source.

The method of this study is descriptive, using data from a variety of secondary sources. After a review of data on alcohol-related morbidity in North Carolina, the question of alcohol-related mortality is considered. Finally a discussion of the results is presented.

ALCOHOL-RELATED MORBIDITY

"Life used to be simpler when we believed that all alcohol consumption was bad. Our upbringing indicated that increased consumption was not only detrimental to health but was linked to weak moral character" (3). In fact, recent evidence indicates that moderate alcohol consumption may be related to health benefits, particularly in terms of reducing susceptibility to coronary heart disease (3,4), and perhaps more generally as an occasional buffer against the harsher vicissitudes of life. In this regard, alcohol consumption is different from tobacco use, where there is no safe lower threshold (1). Of course, many people do not succeed in containing their alcohol consumption within safe limits, and the negative health consequences of excessive alcohol consumption, with which this report is concerned, are serious and widespread.